

APPLICATION FOR TOURIST ATTRACTION SIGNAGE

Date: _____

Facility Name: _____

Address: _____

In or near City or Town of: _____ County of: _____

Type of sign requested: TODS _____ Supplemental Guide Sign _____
(for non-freeway State and US highways) (for freeways, esp. Interstate highways)

Location requested for placement of sign(s): _____
(please specify major road and closest intersection)

Distance from intersection to attraction: _____
(please describe as accurately as possible in miles and tenths of miles)

Text to be placed on sign (i.e., name of attraction): _____

Attendance (annual): _____ Months of operation: _____

Tracking method: _____ Percentage of out of county visitors: _____

Days (of week) and hours of operation: _____

Description of attraction (enclose brochures or pictures): _____

Type of facility:

<input type="checkbox"/> Airport <input type="checkbox"/> Amusement Park <input type="checkbox"/> Arena <input type="checkbox"/> Armory <input type="checkbox"/> Business District/Main Street <input type="checkbox"/> Community <input type="checkbox"/> Cemetery <input type="checkbox"/> College or University <input type="checkbox"/> Convention Center	<input type="checkbox"/> Cultural Center <input type="checkbox"/> Educational Center <input type="checkbox"/> Fairground <input type="checkbox"/> Historical Site <input type="checkbox"/> Military Base <input type="checkbox"/> Museum <input type="checkbox"/> Park <input type="checkbox"/> Recreation Areas, Forest, or <input type="checkbox"/> Wildlife Refuge	<input type="checkbox"/> Religious Site <input type="checkbox"/> Resorts/Snow Ski Areas <input type="checkbox"/> Scenic Site <input type="checkbox"/> Specialty Hospital/Institution <input type="checkbox"/> U-Pick Farms, Orchards, and Farmers Markets <input type="checkbox"/> Winery <input type="checkbox"/> Zoological/Botanical Facility <input type="checkbox"/> Other
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Is the facility owned and/or operated by a governmental agency? Yes _____ No _____

Is admission or any other fee charged? Yes _____ No _____ If yes, please describe: _____

Do you currently have any signage on/off road? If so, where? _____

I understand that applicants other than governmental agencies are responsible for the costs of sign fabrication, installation, and maintenance and if signage is approved I agree to pay such costs.

Signature: _____

(please print or type)

Name: _____

Position / Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Subscribed and sworn to before me

the _____ day of _____, 20_____.

My Commission expires: _____

Please note: (1) A map or sketch showing the location of the attraction and the location(s) of the requested signs must accompany this application. (2) If trailblazing is required, you must have written permission from the relevant local authority or private property owner.

Submit applications to:

Tourism and Film Development Division, Indiana Department of Commerce, One North Capitol, Suite 100, Indianapolis,
IN 46204-2288

phone: 317-233-6761, fax: 317-233-6887, email: arichardson@commerce.state.in.us